

FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned by Federal Agency 328-07		OMB Approval No. 0348-0039	Page 1 of 1 Pages
3. Recipient Organization (Name and complete address, including ZIP code) State of Alaska, Department of Environmental Conservation PO Box 111800 Juneau, AK 99801-1800					
4. Employer Identification Number 92-6001185	5. Recipient Account Number Identifying Number GR49254	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding/Grant Period 1/1/2007	To: (Month, Day, Year) 12/30/2009	9. Period Covered by this Report From: (Month/Day/Year) 1/1/2007 To: (Month/Day/Year) 9/30/2007			
10. Transactions		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		0.00	10,513.67	10,513.67	
b. Recipient share of outlays State % 0%		0.00	0.00	0.00	
c. Federal share of outlays Fed % 100%		0.00	10,513.67	10,513.67	
d. Total unliquidated obligations				0.00	
e. Recipient share of unliquidated obligations				0.00	
f. Federal share of unliquidated obligations				0.00	
g. Total Federal share				10,513.67	
h. Total Federal funds authorized for this funding period				780,000.00	
i. Unobligated balance of Federal funds				769,486.33	
Expense	11. a. Type of Rate (Place "x" in appropriate box) <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> n/a <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed				
	b. Rate	c. Base (Total PS)	d. Total Amount (ind. Match) (total indirect)	e. Federal share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Joanna McDowell, Finance Officer			Telephone (Area Code, number and extension) (907) 465-5289		
Signature of Authorized Certifying Officer <i>Lucy Y. Albin</i>			Date Report Submitted 10/23/07		

ENTERED